				Type of Action Needed						
	Occupation/ Crosscutting Issue	**High Impact Priority (Objective or Activity)**	**Rational for the High Impact of HCR Implementation**	**Legislative/ Regulatory**	**Administration**	**State or Private Funding**	**Other (Specify)**	**Anticipated Outcome (product) which includes anticipated yield (#s) and expected completion date if known**	**Project Cost** **Source of Funding**	**Feasibility**

Legislative/Regulatory

5a.	**Physician Assistant**	MA Supervision	Remove a barrier to PA practice, promote team-based care, improve flexibility in hiring and staffing for practices with multiple locations	Legislative				August 2013, unknown yield in increased job opportunities for PAs and enhanced staffing flexibility		8
8c.	**Data**	Support authority to share social security numbers from licensing entities.	The ability to uniquely identify health providers is vital for OSHPD to link data received from multiple data providers and conduct longitudinal studies.	X				The ability to link data aids California's ability to improve health workforce recruitment and retention and help to develop coherent policy and planning strategies. 12 months	Unknown Absorbed by entities tasked with collecting/ providing data	4-3

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9.	**Education**	Determine, preserve, and restore funding for California's public education institutions (K-12, Community Colleges, CSU, and UC) that provide workforce preparation and education programs to meet health workforce requirements.	Without secure base funding, allied health programs are currently at risk for reduction and/or elimination. This strategy is essential to meeting health workforce needs.	XX				Product – Advocacy campaign developed and implemented by industry partners	Industry funded legislative advocacy.	5

State or Private Funding

1.	**Clinical Lab Scientist**	Create additional capacity in specialty science courses which currently have limited availability and are over-subscribed by	Clinical Lab Scientists are a critical part of the health care delivery team. In their role they provide physicians with			X	X If offered through CSU continuing education,	Increased capacity of current CSUS distant Hematology course by 25%. Currently serving an average of 60	Source of funding: Students (likely) State	5

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		utilizing distance education, technology, etc.. (i.e. Hematology course offered by CSUS)	information necessary to diagnose and treat patients.				the student fee offsets the cost of the class.	students per year. Increase capacity of other specialty courses by X% in the next 5 years.	(unlikely)	
3a.	**Medical Assistant**	Update community college medical assistant and ROP programs/curricula with new competencies required by primary care providers preparing for PPACA implementation. Incorporate competencies for certification: American Association of Medical Assistants (AAMA) – Certified Medical Assistant (CMA); American Medical	Industry need for higher quality medical assistants. Industry request for reduced time to completion.			$XX currently allocated		Product - Updated DACUM and statewide curriculum June 30, 2013	HWI via Perkins IB	10

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		Technologists (AMT) – Registered Medical Assistant (RMA); and California Certifying Board of Medical Assistants (CCBMA) – California Certified Medical Assistant (CCMA).								
6c.	**Primary Care Physicians**	Increase recruitment and retention of primary care MDs; particularly for the safety net and underserved areas.	Increased primary care physician capacity in underserved areas			Increase loan repayment and scholarship programs and funding for primary care in California.		Increased number of med students and residents choosing primary care and practicing in underserved areas. Reduce the number of vacancies for primary care providers in primary care clinics (FQHCs,	TBD Public and Private Sources	**6**

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						Increase use of Steven M. Thompson Physician Corps Loan Repayment and California State Loan Repayment		RHCs, etc.) in Health Professions Shortage Areas		
7a.	**Culturally Appropriate and Sensitive**	Increase commitment and investment in programs that have been proven to	Increase workforce diversity to enhance cultural sensitivity and responsibility that enhances quality, access and outcomes			State, Institutional and private funding		Increased workforce diversity, cultural sensitivity and responsiveness which lead to	TBD Public or Private	7

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		increase size, CS&R and diversity of the health workforce: Invest in sustaining and increasing: PRIME, Post-Bac Programs, HCOPs and K-16 pipeline programs	for newly insured patients from emerging majority backgrounds. Increase professionals in priority professions who will practice in underserved communities					improved access and outcomes. Increased workforce diversity and education institution diversity and excellence. Increased professionals in underserved areas and		
10 a.	**Public Health**	Designate and fund entity to coordinate and implement public health workforce development in California; including priority initiatives in the HWDC plan	Prevention and public health and primary care integration along with new models for improving chronic disease management and placed based health solutions are key to ACA implementation and success			Designate CPHAWE and/or the CA DPH to be responsible for Public Health		A clear and achievable plan for public health workforce development in CA with the staffing and resources to achieve it.	$150k Public or Private	7

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						Workforce Development in CA. Finalize priority 3 year plan for public health workforce development Provide sufficient staffing and resources to carry out the plan, achieve goals and		Successful implementation of other priority objectives and action plans		

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						respond to changing needs and opportunities.				

Combination of Legislative/Regulatory, Administration, State or Private Funding, and Other

2a.	**Community Health Workers/ Promotoras**	Community Health Workers/Promotoras training and placement before full implementation of Exchange Enrollment and Outreach.	Expansion of the Health Exchange January 2013 date we need trainer workers to help Californians negotiate the many health care options.	Legislation to develop standards for training and certification	Coordination and collaborations with Community Colleges and 167 Training programs.	Seek funding from State and Private non-profit Foundations		Improve and enhance the ability of these workers to perform at the highest standards; Need 100 to 500 Health workers; 12 to 18 months.	Low estimate to support this training for 12 -18 months. is $500,000 to $1 M	9
2b	**Community Health Worker**	Change regulations to allow the services of the Community Health Worker (CHW) to be	Several other States have accomplished this "waiver" to allow reimbursement for CHWs – Follow their	Most likely will need a Leg sponsor and direction	Align work of State agencies, particularly CA DHS	Should not require outside funding –	Policy and regulatory language change	Mechanism for FQHC's, and Counties that are reimbursed for services to the	Minimal	7-8

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		reimbursable with Federal funds – MediCal and other programs	model and design a plan to accomplish this in CA			could use existing State research and planning staff		medically underserved to be able to reimburse CHWs and incorporate them on their teams		
3b	**Medical Assistant**	Develop apprenticeship program for Medical Assistant with partnering schools, employers and labor – need to produce specifically trained MAs by 2014 with the innovative tools for Medical Homes (most current schools geared towards private medical offices and community clinics	Key occupation in primary care medical teams – need to align to new functions as part of the team. Lots of research (UCSF Center for Health Professions HITACHI funded study) on innovative functions and preventative medicine models. Use the research to establish the new curriculum/program model		Align work of State agencies to establish new apprenticeship, align partners, leverage funding	Both - apprenticeship model		One new apprenticeship program ~ 500 new medical assistants, could be more depends on partnering employers (LA County DHS alone needs ~300)	~ $3K per student One year course Funds leveraged from: State apprenticeship, ETP, Employer contribution, grants	9

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4.	**Social Work**	Obj.1-Create awareness of educational opportunities, placements and supports for incoming students	Increase social workers, especially in rural areas, will fill the gap of care managers and behavior health specialists needed in the ACA	CalSWEC and Schools of social work have applied for HRSA grant to create new outreach/placement funding. We need to redirect Title IV-E dollars in part to ACA placements	Program managed through social work and calswec infrastructure	Federal grant dollars, administrative cost only to be provided by state as needed to supplement calswec adminsitration		CalSWEC and 3 schools have started current recruitment process and expect to add 30 placements for 2013 academic year. This should be doubled each succeeding year for 5 years as additional schools come on board through grant funding and redirection of calswec funding	Costs include administrative costs and student stipend For 30 placement in 2013 the cost is estimated at 350,000 dollars. Adding 30 each year would add a similar amount each year . With administrative cost that would be 2.2 million	Very High given outreach efforts and adminsitrative structure in place

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									over the 5 years	
5b	**Physician Assistant**	Funding Community Clinics contingent upon training PA students	Expansion of ability to train PA workforce and deploy graduates in areas of unmet need	Regulatory		State		January 1. 2014 Increase rotation opportunities in areas of unmet need to allow for increased class size	Song-Brown or other available State funding sources	9
6a.	**Primary Care Physicians**	Increase primary care residencies; particularly in underserved areas and outpatient settings	Increase primary care capacity in areas where there are shortages and increased #'s of people seeking care. MD's trained to serve the underserved populations in outpatient settings and new models.	Legislation to create funds		Funding to increase residency slots and programs Increased Song-Brown funding	Advocacy for more federal funding and unused slots from other states Regional projects in	Additional primary care physicians trained in and more likely to stay in priority underserved areas. Number to be determined. Additional PC	Funds to support current CHWA initiative-80k-100k. TBD: Funds for programs and	6

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							CV and IE.	residency slots for CA with mechanism for ongoing coordination	projects. GME, State, Private Sources/Funds	
6b	**Primary Care Physicians**	Develop the infrastructure and data necessary to develop and implement ongoing primary care workforce strategies, analyses and programs.	Need to have expert and dedicated staff, data and resource to establish primary care capacity needs for HCR and then implement programs to meet it.	Potential to designate or establish primary care workforce "center" or partnership (may not be required)	Could establish or designate	Funding needed to establish and fund priority initiatives	Coordination with existing resource and experts	Clear strategy for increasing primary care workforce and achieve intended results of priority initiatives. Will result in more and better distribution of primary care MD's and other primary care team members and new delivery models.	TBD: Private or State	8

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7b	**Culturally Appropriate and Sensitive**	Strengthen and promote an evidence-based business case to sustain and expand employer and state health workforce diversity programs and investment in pipeline diversity efforts Develop metrics and incentives for employers and educational institutions regarding workforce diversity	Increases diversity of workforce and investment in programs that enhance service and health for newly insured	Metrics in place and with incentives for compliance		Funding and support to develop business case		Increased commitment to diversity and increased diverse professionals leading to improved health, access and opportunity	150k Public or private and in-kind support	10
8a.	**Data**	Lead efforts requiring licensing entities to collect or provide data for OSHPD Clearinghouse	Strengthen the OSHPD Clearinghouse statute to collect and disseminate data needed to report on the supply demand, education, etc. of	X	X			The ability to collect information from all licensing entities will increase the amount of data the Clearinghouse can	Unknown Absorbed by entities tasked with collecting/ providing	7

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			health professions by specialty. This enhances the state's ability to understand, manage and project its health workforce.					display and thereby enhances the state's ability to develop coherent policies on state health workforce programs, evaluate workforce trends and needs, etc. 12 months	data	
8b	**Data**	Lead efforts regarding standardization of data collected (i.e., race/ethnicity, language spoken, hours practiced, birthplace, multiple practices, LGBT, projected retirement, etc.)	This data helps characterize the supply of health providers; assists with recruitment, retention and succession planning.	X	X			Collecting demographic data informs policies, programs, practices needed to provide Californians with culturally sensitive and responsive care. 12 months	Unknown Absorbed by entities tasked with collecting/ providing data	7

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10 b.	**Public Health**	Develop a short term and ongoing plan for defining and tracking the public health workforce and needs in key areas including tools for projecting future need and supply.			Ensure essential public health workforce data is collected, tracked and reported via OSHPD Health Care Workforce Clearinghouse or other tracking sources. Standardize job classifications to facilitate this	Funds to support data collection, database development and analysis		Plan for definition of the public health workforce in CA, supply and demand estimates and tracking. (phase 1) Phase 2- understanding of needs and ongoing tracking		5